

Alveolar recruitment manoeuvre in laterally recumbent anaesthetized sheep

OVUD

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MAPS

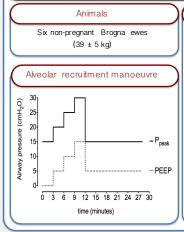
Background

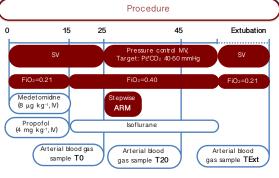
- \bullet Sheep under general anaesthesia epecially in lateral recumbency, develop hypoxaemia due to ventilation/perfusion inequality, atelectasis with an increase venous admixture (Qs/Qt) 1.2
- Alveolar recruitment manoeuvre (ARM) is a ventilatory strategy that re-expands collapsed alveoli and keep them open subsequently using positive end-expiratory pressure (PEEP)
- A stepwise ARM applies progressive increases in PEEP and inspiratory peak pressure (Ppeak) to reopen area of atelectasis
 and improve alveolar ventilation.
- This technique improved arterial oxygenation and decrease Qs/Qt in dogs and horses 3,4 although no studies evaluate a stepwise ARM in sheep.
- F-shunt is a surrogate indicator of Qs/Qt that assume a fixed value of arterial-to-mixed venous oxygen content (C(a-v)O₂), equal to 3.5 mL dL⁻¹ and strongly correlates with venous admixture in sheep¹.

Aim

This study evaluates the efficacy of a stepwise ARM in improving oxygenation indices in left laterally recumbent, isoflurane anaesthetized sheep undergoing Magnetic Resonance Imaging.

Materials and methods





AFM, alveolar recruitment manoeuvre; Pc*CO2, end expiratory partial pressure of carbon dioxide; FiO2, faction inspired of oxygen; MV, mechanical ventilation; SV, spontaneous ventilation. Time line expressed in minutes.

Formulas and measurements

 $CaO_2 = (Hb \times 1.31 \times SaO_2) + 0.0031 \times PaO_2$

 $Cc'O_2 = (Hb \times 1.31 \times Sc'O_2) + 0.0031 \times Pc'O_2$

Pc'O₂ = PAO₂ = (FiO₂ × [Pbar - PH₂O]) - PaCO₂×1.2

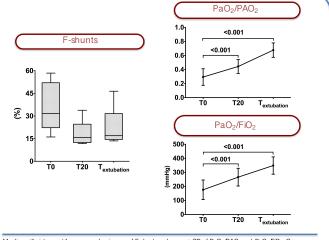
F-shunt= ([Cc'O2-CaO2]/[Cc'O2-CaO2]+3.5 ml dl⁻¹)×100

0.0031, solubility coefficient of oxygen in ovine plasma; 1.31, oxygen-canying capacity of haemoglobin (mt. g*1)c.020, attential oxygen content (mt.d*1)c.0*(02, Pulmonary end-capillary oxygen content (mt.d*1)c.0*(02, Pulmonary end-capillary oxygen content (mt.d*1)c.0*(02, Pulmonary end-capillary partial pressure of oxygen (mtmt-gt.)c.0*(0.4*(1)c.0*(0.4*(1)c.0*(1)c

Because PAO2 was > 100 mmHg in all sheep, Sc'O2 was assumed to be 1.2

Variabiles		T0	T20	TExt
FiO ₂		0.40	0.40	0.21
pН		7.357 ± 0.086a	7.385 ± 0.076a	7.402 ± 0.080b
PaO ₂				
	mmHg	70 ± 28a	106 ± 25b	73 ± 13a
	kPa	10 ± 4a	14 ± 3b	10 ± 2a
PaCO ₂				
	mmHg	55 ± 7	54 ± 6	50 ± 7
	kPa	7.4 ± 0.9	7.2 ± 0.8	6.7 ± 0.9
PAO ₂				
	mmHg	239 ± 5a	241 ± 5a	108 ± 6b
	kPa	31.9 ± 0.8a	32.1 ± 0.6a	14.4 ± 0.7b
SaO ₂	%	93 (70-98)a	99 (91-99)b	96 (80-97)ab

Data normally distributed are expressed as mean ± SD deviation otherwise as median (min-max). FIO2, fraction inspired of oxggen; PAO2, Alveolar partial pressure of oxggen; PAO2, Afterial partial pressure of oxggen; PAO2, Afterial partial pressure of action dioxide; SAO2, Hearmoglobin oxggen saturation. Different letters in a row mean statistical significant difference (one-way ANOVA or Friedman non-parametric test pc0.05) betweenpoints.



Median with interquartile range and min-max of F-shunt and mean ± SD of PaO₂/PAO₂ and PaO₂/FO₂. One-way Anova or Friedman non-parametric test were used to analyse the data. Statistical significance was set at p<0.05.

Conclusion and clinical relevance

- General ana esthesia in laterally recumbent sheep under spontaneous ventilating may cause hypoxaemia as previously reported.²
- The stepwise ARM followed by mechanical ventilation with PEEP at 5 cmH₂O, improves the oxygenation indices and decrease the amount of venous admixture evaluated by the F-shunt.
- The positive effects of the ARM are still present in most of the animals at recovery.

References

Results

- 1. Staffieri F, Driessen B, De Monte V et al. (2010) Am J Vet Res 71,867-874.
- 2. Araos JD, Larenza P, Boston RC et al. (2012) Am JVet Res 73,2013–2020.
- 3. Canfrán S, Gómez de Segura IA, Cediel R et al. (2012) Vet J 194, 89-91.
- 4. Briganti A, Portela DA, Grasso S et al. (2015) Vet J 204, 351-356.

Ethical review

The study was approved by the Animal-welfare Body of the University of Padua (Authorization OPBA 7/2014) and the Italian Ministry of Health, according to European (Directive 2010/63/EU) and Italian regulations (Legislative Decree 26/2014)